PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004									Application or Docket Number			
									10/598684			
		CLAIMS	AS FILED -	-	f	(Column 2)		SMALL EN	TITY /	OR	OTHER THAN SMALL ENTITY	
U.S. NATIONAL STAGE FEES						<u> </u>	7	RATE	FEE	7	RATE	FEE
BASIC FEE			SMALL ENT. = \$ 150		LAF	RGE ENT. = \$ 300	1	BASIC FEE	 	OR	BASIC FEE	211
EXAMINATION FEE			Satisfies PCT Article 33(1)- (4) = \$50 / \$ 100			other situations = \$ 100 / \$ 200		EXAM. FEE			EXAM. FEE	12/
SEARCH FEE			U.S. is ISA = ALL other co	\$ 50 / \$ 100 ountries =	All	other situations = \$ 250 / \$ 500		SEARCH FEE			SEARCH FEE	411
FEE FOR EXTRA SPEC. PGS.			minus 100 =		,	/ 50 =	1	X \$ 125 =		1	X \$ 250 =	1720
TOTAL CHARGEABLE CLAIMS			12 mi	inus 20 =		·	1	X \$ 25 =		OR	X \$ 50 =	
INDEPENDENT CLAIMS			/ n	ninus 3 =	*			X \$ 100 =		OR	X \$ 200 =	
MULTIPLE DEPENDENT CLAIM PRE			ESENT					+ \$ 180 =		OR	+ \$ 360 =	
* If	the differenc	e in column 1 is	ess than zero, enter "0" i			olumn 2	3	TOTAL		OR	TOTAL	911
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST						(Column 3)	l .	SMALLE		OR	OTHER SMALL E	NTITY
AMENDMENT A		REMAINING AFTER AMENDMENT	·	NUME PREVIO PAID I	BER BUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
	Independent	*	Minus	***		=		X \$ 100 =	-	OR	X \$ 200 =	
	FIRST PRES	SENTATION OF M	IULTIPLE DEPI	LTIPLE DEPENDENT CLAIM				+ \$ 180 =		OR	+ \$ 360 =	
					• ;		_	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colum	ın 2)	(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	Ī	X \$ 25 =		OR	X \$ 50 =	· · · · · · · · · · · · · · · · · · ·
	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					Ī	+ \$ 180 =		OR	+ \$ 360 =		
		 					Ļ	TOTAL ADDIT.		OR L	TOTAL ADDIT. FEE	
			·							į		
***	If the "Highest Nu If the "Highest Nu	mn 1 is less than the mber Previously Paid mber Previously Paid nber Previously Paid	for" IN THIS SP For" IN THIS SP	ACE is less	than '20 than '3',)', enter "20". , enter "3".	n the	appropriate box	in column 1.			

FORM PTO-875 (Rev. 02/2005)